

Vendor's Proposal Offer

It is required that Offeror complete, sign and submit the original of this form to the City Procurement Office with the proposal response offer. An unsigned "Vendor's Proposal Offer", late proposal response and/or a materially incomplete response will be considered nonresponsive and rejected.

Offeror is to type or legibly write in ink all information required below.

Company Name: Tumbleweed Center For Youth Development
Company Mailing Address: 1419 N. 3rd Street #102
City: Phoenix State: Arizona Zip: 85004
Contact Person: Jana Smith Title: Program Manager
Phone No.: 480-966-2036 FAX: 480-966-2058 E-mail: j.smith@tumbleweed.org

Company Tax Information:

Arizona Transaction Privilege (Sales) Tax No.: see attachment (next page) or

Arizona Use Tax No.: _____

Federal I.D. No.: 23-7284153

City & State Where Sales Tax is Paid: Phoenix Arizona

If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____

THIS PROPOSAL IS OFFERED BY

Name of Authorized individual (TYPE OR PRINT IN INK) R E Geasland, LCSW

Title of Authorized Individual (TYPE OF PRINT IN INK) Exec. Dir / CEO

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Proposal Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. In accordance with A.R.S. Sections 35-391.06 and 35-393.06, the Offeror hereby certifies that it does not have scrutinized business operations in Iran or Sudan. Failure to sign and return this form with proposal offer will be considered nonresponsive and rejected.

R E Geasland
Signature of Authorized Offeror

6/23/09
Date

Form 201-B (RFP)
(H/RFP 3-2008)

Arizona Department of Revenue
Attn: Gisela Serrano
1600 W. Monroe, Suite 620
Phoenix, AZ 85007

STATE OF ARIZONA
Department of Revenue
Transaction Privilege and Use Tax Audit



Vincent G. Perez
Assistant Director

Miguel Teposte
Administrator

May 11, 2009

TUMBLEWEED CENTER FOR YOUTH DEVELOPMENT
1419 NORTH 3RD STREET, #102
PHOENIX, AZ 85004

RE: QUALIFYING HEALTH CARE ORGANIZATION – 01/01/2009-12/31/2009

Based upon a review of the information which you have provided, this will serve as notice that the above captioned organization is entitled to the exemption from Arizona's Transaction Privilege and Use Taxes under current statutes as applicable for the above captioned period.

This exemption applies to qualified purchases or leases from the following business classifications pursuant to the statutes cited below. The business classifications cited below are the only ones currently available under statute. Please note that only the entity named above is entitled to the exemptions cited below. **The tangible personal property must be used by the organization solely to provide health and medical related education and charitable services.**

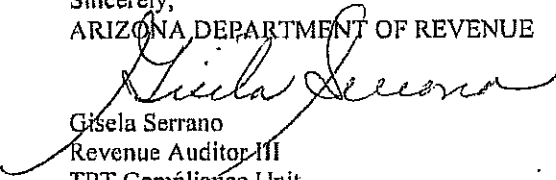
Code	Taxable Activity	Statute Reference
4	Utilities	ARS 42-5063.C.3(b)
8	Pipeline	ARS 42-5067.B.1
9	Publishing	ARS 42-5065.B.2(b)
10	Job Printing	ARS 42-5066.B.3(b)
11	Restaurant & Bar	ARS 42-5074.B.8
14	Personal Property Rental	ARS 42-5071.B.2(a)
17	Retail	ARS 42-5061.A.25(b)
29	Use Tax (purchases of tangible property)	ARS 42-5159.A.13(d)

This exemption is subject to annual review to ascertain any changes in your activity, which might affect your exempt status. An exemption request for next year must be received in writing at least 30 days before the first day of the exemption period. Qualifying Health Care Organizations must include an annual financial audit performed by an independent CPA. A letter certifying that the entity used not less than eighty percent of all monies that it received from all sources in the preceding year for health and medical related educational and charitable services is optional, but recommended. **All correspondence and renewal requests must be submitted in attention to me at the address listed below. If you have any questions please contact me at (602) 716-6553.**

If any information, which the Department of Revenue has relied upon, was inaccurate or material information was omitted, the exemption may be void.

Since the Department does not issue numbers for this purpose, please provide your suppliers with a copy of this letter.

Sincerely,
ARIZONA DEPARTMENT OF REVENUE


Gisela Serrano
Revenue Auditor III
TPT Compliance Unit

Addendum to Solicitation



City Procurement Office/City of Tempe • PO Box 5002 • 20 East 6th Street • Tempe, AZ 85280 • (480) 350-8324 • www.tempe.gov/purchasing

This addendum will modify and/or clarify:

Solicitation No.: | 09-158

and is

Addendum No. | 1

Procurement Description: | Homeless Prevention and Rapid Re-Housing Services

The following questions were received and answers given in response to this RFP.

1. What is the dollar amount to be contracted?

The City of Tempe's allocation is \$661,447. Offerors may request any portion of those funds they are able to demonstrate they can expend within the 2 and 3 year time frames set under the HPRP guidelines.

2. Do you intend to contract with more than one provider?

The City reserves the right to contract with more than one provider.

3. Is there an expectation of the number of families/individual to be served?

The City has not set an expectation for the number of families/individuals to be served by Contractors. When determining these numbers, offerors should carefully consider the allowable costs for HPRP funds (financial assistance, housing relocation and stabilization services, data collection and evaluation, and administrative costs) and the time frames for expenditure of funds.

4. Can you give examples of what is meant by providing "all of the services necessary to prevent assisted residents from returning to homelessness"?

As detailed in the HUD HPRP Notice, eligible services for the prevention of homelessness include rental assistance, security deposits, utility payments, moving cost assistance, case management, outreach and engagement, housing search and placement, legal services and credit repair.

5. What is required to "have the capacity to conduct housing quality inspections"?

As stated in the HUD HPRP Notice, "Organizations providing rental assistance with HPRP funds will be required to conduct initial and any appropriate follow-up inspections of housing units into which a program participant will be moving." Appendix C of the HUD HPRP Notice provides more detail on the minimum habitability standards.

No further inquiries are allowed.

The balance of the specifications and bid solicitation instructions to remain the same. Bidders/Proposal Offerors are to acknowledge receipt and acceptance of this addendum by returning of signed addendum with bid/proposal response. Failure to sign and return an addendum prior to bid/proposal opening time and date may make the bid/proposal response non-responsive to that portion of the solicitation as materially affected by the respective addendum.

Turnblowood Center for Youth Develop
NAME OF COMPANY

1413 N 3rd St
ADDRESS (or PO Box)

Phx AZ 85004
CITY STATE ZIP

R. E. Geasland, Exec. Dir. / CEO
BY NAME (please print) TITLE

602-271-9904
TELEPHONE

R E Geasland
AUTHORIZED SIGNATURE

PROPOSAL NUMBER: 09-158
HOMELESS PREVENTION AND RAPID RE-
HOUSING SERVICES

TUMBLEWEED CENTER FOR YOUTH
DEVELOPMENT
1419 NORTH 3RD STREET SUITE 102
PHOENIX, ARIZONA 85004

1. Description of firm, including resume information of principals and professionals who are to be assigned to this project, and present staffing and management of firm.

Agency Description

Tumbleweed Center for Youth Development is a private, nonprofit agency founded in 1972 by several civic service organizations to provide emergency shelter and services for runaway youth. Our mission is to serve abused, abandoned, troubled and neglected youth. Our goals are to assist these youth in 1) understanding and achieving their individual potential, 2) increasing their personal and social skills, and 3) creating the opportunity for them to become self-directed, socially responsible, and productive citizens.

Resume Information Assigned To Project, Present Staffing & Management Staff

The roles and qualifications of staff responsible for the Rapid Re-Housing Project, and knowledge and experience related to runaway and homeless street-dependent youth are delineated below. An organizational chart has been provided in the appendix as attachment A.

Project and Present Staff

JOB TITLE: Program Manager, Tempe Youth Resource Center

BRIEF JOB DESCRIPTION: The Program Manager is responsible for the on-going development and implementation of culturally competent program philosophy, policies, and services and fostering the Youth Development Model in all aspects of the Program. With support from management staff, The Program Manager is also responsible for providing accurate and timely data collection to supply funding sources. Additionally, the Program Manager provides management and supervision of the Case managers and Outreach Worker staff. The individual filling this position works under the direct supervision of the Program Director of Tumbleweed.

Resume Summary: Jana Smith is the Program Manager of the Tempe Youth Resource Center. Jana has a bachelor's degree in Biology and Criminal Justice from Indiana University. She has a Graduate Certificate in Nonprofit Leadership and Management from Arizona State University. Jana has worked for Tumbleweed for 7 years, since the inception of the Center in Tempe first as a case manager and then promoted to the current program manager position. Jana has volunteered her time to serve on committees, focus groups and participated in facilitating collaborations within the Tempe community.

JOB TITLE: Consulting Program Manager, START/Greenhouse Project (Tumbleweed's Homeless Youth Supportive Housing Programs)

BRIEF JOB DESCRIPTION:

The Program Manager is responsible for the on-going development and implementation of culturally competent program philosophy, policies, and services and fostering the Youth Development Model in all aspects of the Program. With support from management staff, The Program Manager is also responsible for providing accurate and timely data collection to supply funding sources.

Resume Summary: Debbie Kayatt is the Program Manager of the START and Greenhouse Project. She has a Master's degree in Marriage and Family Therapy and 10 years experience in the human services field. Her experience includes therapy with children, adolescents and families in outpatient, in-home and/or residential settings. She has also several years experience managing programs that work with adolescents and families.

JOB TITLE: Case Manager

BRIEF JOB DESCRIPTION: Provide a culturally competent systemic and flexible approach to service coordination, giving attention to the immediate needs of the clients and serve as a resource for community contacts working with ultimate goal of establishing a safe placement from the streets. They have other expectations depending on the program needs. The Case Manager works under the direction and supervision of the Program Manager.

Resume Summary: Esperanza Popoca, Case Manager of The Tempe Youth Resource Center has worked for Tumbleweed for 3 years, as a Youth Care Worker, Team Coordinator and currently as Case Manager. She has her Bachelors degree in Social Work.

JOB TITLE: Outreach Worker – Apartment Support

BRIEF JOB DESCRIPTION: Outreach Workers are responsible for culturally competent primary services (food and medical attention) and secondary level services (crisis counseling, group training, and linkages to appropriate community services). As youth transition into stable living the drop in center provides a period of support with outreach staff providing apartment checks. Outreach staff may be responsible for delivering basic needs (food, hygiene, and clothing) to the youth as well as other information/activities directed by the youth's case manager. Outreach Workers must constantly engage in learning and developing new skills and approaches to the clients in their program. The individuals filling these positions work under the direction and supervision of the Program Manager.

Resume Summary: In the interest of space and the recognition of the numbers of Outreach Workers / Youth Care Workers required, we have summarized the very important role in the "Brief Job Description" above.

Management:

JOB TITLE: Executive Director.

BRIEF JOB DESCRIPTION: The Executive Director is responsible for providing leadership in: planning, developing and directing culturally competent, ethical and effective programs and service delivery systems; composing proposals for ongoing programs; maintains a record system and statistical reporting system for program documentation, planning, evaluation, and staffing; and developing and implement strategy. The Executive Director is also responsible for developing and maintaining relationships with other community agencies. He/she will monitor all current programs; and is responsible for hiring, training, supervision and evaluation of all staff members and programs. He/she oversees the implementation of all personnel policies and procedures, including the development, coaching, mentoring and training for all staff. The Executive Director reports to the Board of Directors of Tumbleweed.

Resume Summary: Richard (Dick) Geasland, Executive Director, has 37 years experience in the areas of treatment, early intervention, and prevention with youth and their families who were at risk of, or had experiences with, mental health, juvenile justice and child welfare (abuse,

neglect abandoned, runaway and homeless) issues. Thirty of these years have been in Arizona. For more than 20 of these years he has filled the role as the chief executive officer of now five separate organizations. Mr. Geasland is an Arizona Licensed Clinical Social Worker. Mr. Geasland became the Executive Director of Tumbleweed in January, 2005. He has continued to strive for a professional balance of treatment and management knowledge and skills. Mr. Geasland has extensive experience with local, state and federal agencies that have responsibilities to address children and family issues, and is committed to practice models rooted in strength-based, family centered/driven and youth development concepts. Mr. Geasland not only provides oversight and consultation for all program service quality and outcomes, but also provides training to all staff that has direct client contact. Mr. Geasland currently provides a monthly, six-hour training related to creating a healthy and safe learning environment.

JOB TITLE: Chief Financial Officer

BRIEF JOB DESCRIPTION: Working in the context of a culturally competent organization, the Finance Director is responsible for the ethical and legal operation of all fiscal aspects of agency operations. She/he works in partnership with the Executive Director in areas of budgeting and planning. The Finance Director provides direct supervision of accounting staff and consultation to all Tumbleweed staff regarding the financial aspects which impact program implementation. The Finance Director reports to the Executive Director.

Resume Summary: Kathy Kelley, Chief Financial Officer, manages all the agency's fiscal responsibilities. She has 31 years of experience working in both private and public accounting. She has a degree in business administration and a 130-hour certificate in non-profit management. Kathy's experience has included thirteen years working directly with quasi-governmental agencies and was part of a team that received a Presidential Award during the Reagan administration for service performance and cost efficiency.

JOB TITLE: Program Director

BRIEF JOB DESCRIPTION: The Program Director is responsible for the on-going development and implementation of culturally competent, in-house program philosophy, policies and services. This individual is responsible for the supervision of all Program Managers and Coordinators of specified programs. She/he will represent the agency and agency services to the community as assigned. The individual filling this position works under the direct supervision of the Executive Director of Tumbleweed

Resume Summary: Gail Loose, Program Director, has a Masters Degree in Education and over 33 years of experience working with youth. She has worked at Tumbleweed for 27 years. She has worked in a variety of positions at the agency. As Program Director, Gail supervises eight Program Managers, responsible for the day to day operations of Tumbleweed's major program areas. Ms. Loose also provides training for a variety of direct practice skill development areas for all staff that have direct client contact. Ms. Loose is especially known for her training and ongoing supervision of the implementation of the Youth Development Model.

JOB TITLE: Clinical Director

BRIEF JOB DESCRIPTION: The Clinical Director is responsible for the provision of culturally competent, quality treatment to youth referred to Tumbleweed programs. In addition, The Clinical Director provides management and supervision of the counseling staff. With cognitive behavioral theory an underlying therapeutic approach the Clinical Director will utilize

and assist others in utilizing a variety of techniques and approaches in counseling with program youth and families. The individual filling this position works under the direct supervision of the Executive Director of Tumbleweed.

Resume Summary: Laura de Blank, Clinical Director, has a Master's Degree in Counseling from ASU and is certified by the Arizona Board of Behavioral Health as a Licensed Professional Counselor and by the Arizona Board of Addictions Counselors as a Licensed Substance Abuse Counselor. Laura is certified as a therapist and a supervisor in Functional Family Therapy (a Best Practices Program of the Office of Juvenile Justice Delinquency Program). She has worked at Tumbleweed for 28 years, engaged in services to runaway and homeless youth.

2. Description of experience in projects of similar type and scope.

Tumbleweed Center for Youth Development currently operates two scatter site apartment-based housing programs for homeless youth 18-22 (START) and 18-24 (Greenhouse Project) years old in the Phoenix area. START (Supported Transitional Apartments, Resources and Training) is funded by the Department of Housing and Urban Development and serves approximately 20 individuals or single parent families annually. Tumbleweed's START program began in 1998 and has since served almost 200 unduplicated youth. Youth are required to work and may attend school while in the program. They must also save a portion of their income and will begin paying a fraction of their rent during the programming time. Participants are required to attend groups weekly facilitated by their peers and case manager as well as weekly in home visits. Youth may remain within START for 18 months and receive various levels of support during that time. Youth are afforded opportunities during their stay in START to participate in other Tumbleweed program efforts that include schooling, Workforce Investment programming, counseling services, and leadership training and participation in Tumbleweed's Youth Advisory Board. The Green House Project (GHP) is funded and supported by various sources within the community including the City of Phoenix CDBG program. GHP has a max capacity of four youth who identify as Lesbian, Gay, Bi-Sexual, Transgender, or Questioning. At this time both programs have waiting lists for youth wishing to enter services. During the operation of both existing programs Tumbleweed has been responsible for providing in home case management services to youth as well as the administrative services required to operate programming. Tumbleweed understands the complex nature of providing housing based services to such a vulnerable population.

Following the success of the Phoenix Drop in Center, Tumbleweed acknowledged an overwhelming need for services to youth in the Mill Avenue and surrounding areas. In 2002 Tumbleweed opened their second drop in center in down town Tempe, in close proximity to Mill Avenue. Over the past seven years the Tempe Youth Resource Center (TYRC) tackled obstacles facing youth homeless in Tempe. TYRC has been able to focus their services on the specific needs of the Tempe residents as well as focus on the strengths of the Tempe community. TYRC staff members have several years of experience in working with street based youth and are culturally competent regarding street culture. Last year TYRC reported that approximately 30% of youth entering into case management services were defined as chronically homeless and over 50% identified as having a disability (including substance abuse and mental health). Tumbleweed works hard to maintain relationships within the Tempe community with businesses, residents, and city government.

3. One page-narrative explaining the firm's interest, particular abilities, and qualifications related to this project in compliance with specified schedules.

Tumbleweed Center for Youth Development is a private, non-profit corporation that has been providing direct service to runaway and homeless youth in Maricopa County since 1975. Tumbleweed has developed a continuum of service to address the issues of homelessness and runaway youth from school based prevention; outreach and case management for 12 to 22 year olds; emergency crisis shelter and family support for 12 to 18 year olds; longer term independent living programming for 16 to 18 year olds that has included a Certified School and federally funded Workforce Investment Act job training services; and finally a scattered site apartment supportive-housing project for 18 to 24 year olds.

Housing appears to be the biggest obstacles in helping youth towards self sufficiency. Tumbleweed's interest in this opportunity to offer scattersite apartments to six homeless youth will alleviate part of the housing barrier. Youth who are utilizing the case management services at the Center that are ready to move off of the streets, will have a viable option. By giving homeless youth a "leg-up", they can benefit from the independent living skills that the case manager will be teaching through real-life application.

Tumbleweed delivers services and programs based on the Youth Development Model. This approach is designed to strengthen connections between youth and the community and to empower youth to assume responsibility for their lives. The program design is a result of 34 years of experience working with homeless youth combined with national best practice information based upon a comprehensive Youth Development Approach as outlined by the U.S. Department of Health and Human Services – Youth and Family Services Bureau. The approach emphasizes prevention, youth and community safety, creativity in education, adult support and guidance, opportunities for participation and broad based services for youth and families.

For the past seven years, Tumbleweed's Tempe Youth Resource Center has responded to the serious unmet need by making services and housing referrals to youth (ages 12 – 21) who are homeless and surviving on the street. The Resource Center provides a place where youth can feel safe from the dangers on the streets and interact with caring adults who will advocate for them to access services. Meals, clothing, hygiene, transportation assistance, laundry facilities, job development, educational guidance, legal resources, medical referrals and case management are offered. The outreach team provides basic needs such as blankets, food, crisis intervention and referral on the streets and invites the youth to visit the Center for more services.

Tumbleweed's expertise with runaway and homeless youth services is also recognized by the constant client referrals from other youth agencies, community organizations, police and other government entities. Tumbleweed staff is often sought out for interviews from newspapers, television, and radio as the known experts on runaway and homeless youth issues. Members of Tumbleweed staff have been requested to participate on various committees in the community to represent the needs of runaway and homeless youth. Some of these committees include: the Maricopa County Association of Government's Continuum of Care Committee and Planning Subcommittee; The Governor's Intergovernmental Council to End Homelessness and the Youth Subcommittee; and The Children's Action Alliance Child Welfare Committee.

4. General description of respondent's proposed methodology and project delivery that will be utilized to ensure 60% of the funds provided are expended by September 30, 2011 and 100% of the funds provided are expended by September 30, 2012.

- Tumbleweed Center for Youth Development is requesting funds to rapidly re-house six youth ages 18-24. Each youth will be provided rental cost, utility cost, case management services, and counseling services. Youth will have the opportunity to participate in services for an up to 18 month period. Tumbleweed will begin prescreening candidates before September 30, 2009, and intend to have three eligible candidates moved in within the first month of funding. The following three candidates would then be moved in the next month. Youth obtaining stabilization prior to the 18 months or youth unable to fulfill their contractual obligations will leave prior to exit date. Youth exiting early will be replaced by another eligible youth within 30 days. Youth exiting the program at the conclusion of their 18 months will be replaced by an eligible youth within two weeks of youth's exit.
- Youth receiving services through Tumbleweed's Rapid Re-Housing program will receive intensive case management services and counseling services. The case manager will dedicate approximately six hours to each individual per week. This will include in-home visits, documentation and data entry, case meeting, weekly workshops, and service collaboration meetings. The remaining four hours of the case manager's time will be spent in staff meetings and weekly case management supervisions. Each youth will also receive one hour of counseling services per month provided by Tumbleweed's Out Patient Counseling Services.
- Tumbleweed's rapid re-housing client enrollment, data collection/recording, and youth satisfaction will be evaluated quarterly by the Tempe Youth Resource Center's program manager in collaboration with Tumbleweed's program director. Financial management will be overseen by Tumbleweed's chief financial officer along with program manager. Monthly budget updates will be provided to program manager to monitor program spending.
- The requested funding would be expended across the 3 year period. Tumbleweed has years of experience managing the numbers of clients in care to assure 100% "draw down" of funding across specified periods of time.

5. Description of services to be provided by the respondent, which services will be subcontracted and which services will be completed by sub-consultants.

Tumbleweed Center for Youth Development is proposing to provide rapid re-housing of homeless youth ages 18-24 years old in conjunction with their Tempe Youth Resource Center (TYRC). The program will subsidize housing for a maximum of six youth continuously throughout the three year grant period. Tumbleweed is anticipating housing six of the youth in one bedroom apartments, but would reserve the ability to be flexible depending client's needs and family size. Youth will have the ability to remain in programming for up to 18 months as funding specifies. Those achieving stability and wishing to exit sooner would be afforded that right, creating an opportunity for other youth. Youth also unable to maintain their contractual obligation would also be asked to exit the program after an extended probationary period. A case manager will be housed at TYRC and will provide the majority of services directly to

program youth. They will draw from the community services that are not included in the scope of work described in this proposal to meet additional needs. Outreach workers would assist the case manager in apartment support and checks along with independent living workshop facilitation.

Recruitment and Screening

The Program Manager and Case Manager will identify youth from the Center who have housing as one of their goals on their case plan as well as screen referrals that are a result of outreach endeavors to other agencies. Screening will consist of a phone assessment and an interview to validate homelessness, determine their motivation and explain the program and expectations of youth. Upon identifying a youth as an eligible participant Tumbleweed would initiate rapid re-housing services.

Housing Search and Placement Services

Once they are accepted into the housing program, the case manager will provide direct education and support to assist youth in identifying then applying for an appropriate housing choice. Staff will help youth consider cost, location to public transportation/employment/school, and amenities to select a housing complex. Once a selection has been made by youth and case manager a trained staff member will conduct a quality housing inspection to ensure the apartment met HUD requirements. The client will then sign a lease and the case manager will set up accounting procedures to ensure payment in a timely manner.

Developing Service Plans- Case Management and Counseling Services

TYRC Case Manager will review program service opportunities as well as program expectations with each client. Upon entering the program the client will complete a web based self assessment on independent living skills through the Ansell Casey Assessment Survey. A sample of this tool has been provided in the appendix as attachment B. The results of this survey along with the intake assessment completed by the case manager will serve as a guide for identify the youth's current needs. Additionally youth will receive three brief mental health assessments completed at in-take. They include: 1) The Rapid Assessment for Adolescent Preventive Services © RAAPS a screening tool that identifies multiple behaviors in adolescents that put them at increased risk for injury or premature death including risk behaviors in diet, exercise, violence/safety, substance use, unintentional injury, depression/suicide, and sexuality. 2) The Beck Depression Inventory (BDI) is a series of questions developed to measure the intensity, severity, and depth of depression in clients with psychiatric diagnoses. The short form is composed of seven questions and is designed for administration by primary care providers. 3) The PTSD Checklist (PCL) is a 17-item self-report measure of the 17 DSM-IV symptoms of PTSD. Respondents rate how much they were "bothered by that problem in the past month". It is not focused on any one traumatic event, it asks more generally about problems in relation to stressful experiences. Copies of assessments have been provided in the appendix as attachment C. These will assist in identifying and assuring behavioral health services to this highly vulnerable population. The case manager will link them up with Magellan, the regional behavioral health agency, contracted with the State, to provide state and federally funded behavioral health services in Maricopa County. Following assessments in accordance with the youth development principles, the youth and Case Manager will collaborate to create a comprehensive service plan to be utilized during their participation in the program. Service

plans will include the client's current goals, action steps to complete goals, time frame for goal completion and appropriate service referrals to other programs and agencies. This service plan will be re-evaluated every several months of service with input from both the case manager and youth with changes made according to feedback.

Service Coordination

Youth applying for services via the rapid re-housing program will be experiencing homelessness in some capacity before being accepted for housing services. Therefore youth would first be referred to the support services at the Tempe Youth Resource Center. Collaborating with the agency's existing supportive services offered at the drop in center, youth would be provided necessary items to transition into housing once accepted to the program and would be working on non housing related items before entering the program. Case management services offered at the Tempe Youth Resource Center can include, but are not limited too, assistance with identification (birth certificate, social security card, and state id), financial support for obtaining GED or returning to school, assistance in applying for supportive services through Department of Economic Security, assistance with employment related needs (purchasing food handlers card, required work uniforms or attire, tools, and special permits), and assistance with transportation (either purchase of an alternative form of transportation, bus cards, or gas vouchers). Once a youth is accepted into the rapid re-housing program basic needs and household needs (furnishing, hygiene supplies, clothing, etc) will be supplemented through the Center. Clients will have access to the Center's Job Developer and Educational Tutor and supportive staff, along with internet, phone, and laundry facilities. TYRC case managers meet weekly with program manager to staff youth and evaluate plans to work with the youth most effectively. All program staff members also attend a weekly staff meeting facilitated by the program manager to evaluate all aspects of services.

Youth identifying needs that can not be provided within the eligible activities allotted by this funding source will receive referrals to free or sliding scale fee local programming within the community. The Tempe Youth Resource Center currently provides referrals to the following programs to assist youth: Magellan and Empact (for mental health issues), Terros and Community Bridges (for substance abuse), HomeBase Medical Van and AHCCCS services (for medical care) Workforce Investment Act (for employment services), and other agency's as needed. Tumbleweed currently contracts with Goodwill Services and Valley of the Sun United Way to provide Workforce Investment Act (WIA) programming to homeless and low income youth within Maricopa County. Tumbleweed as an agency, in assistance with internships provided by the WIA programming, has started several entrepreneurial businesses operated by youth with staff support. Internships provided within these businesses are specialized to work with the unique needs of those youth living on the streets. Drop in Gallery (DIG) enterprises goals' are to train and educate homeless youth while creating a place where they can grow and express themselves. Youth also have the opportunity to intern within the Tumbleweed agency and businesses in the community. All services mentioned are offered at no cost to clients accessing Tumbleweed services.

Monitoring And Evaluating Participant Performance

Youth entering into housing will receive continued case management and counseling support throughout the programming time in accordance with their service plan. Case management and

counseling services will be documented in individual client files as well as through the Tumbleweed Management Information System. Client files and data entry are monitored by the Program Manager. Tumbleweed utilizes the Self Sufficiency Matrix assessment tool to evaluate a client's progression during service time. A copy of Tumbleweed's matrix tool can be found in the appendix as attachment D. Counseling services will be provided through Tumbleweed's Outpatient Counseling Services. Treatment evaluations will be completed by the counselor and entered in both client files and the Tumbleweed Management Information System. Tumbleweed's Clinical Director monitors all counseling services provided at Tumbleweed Center for Youth Development.

Clients will have the opportunity to evaluate Tumbleweed programs with satisfaction surveys conducted by the case manager during services. Tumbleweed also has a Client Grievance Policy in place for youth that will be introduced during their initial intake. Clients receiving services at Tumbleweed have the right to appeal and provide feedback on any service decision. A copy of the agency's client satisfactory survey and client grievance policy is provided in the appendix as attachment E.

Resolving Personal Credit Issues

Tumbleweed's rapid re-housing case manager will work individually with each youth to assist in education of credit repair as well as money management. Those youth that currently do not have credit issues will work with the case manager to understand and avoid any credit pitfalls, such as unnecessary credit cards, loans, or debts. Youth with current credit issues will create an individual plan and saving strategy to begin to work towards a debt free living.

Independent Living Skill Training

Youth participating in the rapid re-housing program will receive independent living skill training on a one-to-one basis in home through their case manager. After the Ansell Casey Assessment is completed the case manager and youth will target skills that were scored as deficits for the youth. The case manager will emphasize and reinforce the youth's strengths. They, along with the youth, will access activities and teaching methods guided by the youth development model to assist in learning new techniques.

The youth in the program will be required to attend weekly independent living workshops located at the Center. These workshops will be open to other youth within the center and will be facilitated by the case manager, outreach staff, and youth presenting leadership among their peers. Group topic will vary depending on the needs of the current participants, but could include such topics as: money management, banking, nutrition, self-care, household maintenance, relationship building, and positive self esteem. Youth will receive feedback and support from peers experience a similar situation and will begin to create healthy relationship building.

Budgeting

Youth receiving services through the rapid re-housing programming will be required to create their own budget with the guidance of their case manager by the completion of their 18 months of services. Youth will practice with current budgeting worksheets that TYRC uses at the drop in center and has proven successful with homeless youth. An example of a current budgeting

worksheet has been provided in the appendix as attachment F. As youth become confident in the budgeting procedure they will be expected to complete and show monthly budgets to their case manager. The case manager and support staff will facilitate inviting local experts in banking and budgeting to weekly independent living workshops as needed. Arizona Federal Credit Union, a valued supporter of Tumbleweed, has offered access to their professionals free of charge to the agency for these workshops.

Data Collection and Administration

Tumbleweed currently participates in the Homeless Management Information System, entering data via the agency's Tumbleweed Management Information System. Tumbleweed has established contracts for technical support to maintain the quality of operating data systems. Tumbleweed management and support staff are responsible for providing accounting procedures, management/human resources, and administrative services in accordance with US department of Housing and Urban Development's regulations as well as state and federal laws.

6. List of respondent's fees to provide the services being proposed and any additional compensation respondent will require.

We propose an all inclusive rate of \$57.56 per day per youth for 6 youth enrolled at any point in time for a maximum total of \$345.36 per day. This includes all services including financial assistance, services, HMIS and administration. See attached budget.

7. Description of community outreach methods and techniques to ensure public awareness of the program.

Street outreach to youth is the first outreach method to reach out to the community where the potential clients for this project are found. Street workers approach youth in a non-judgmental way, treating them with respect and maintaining a presence in their lives. They develop trust by offering services and help with no expectations and questions asked. They invite youth to come to the center and enroll in case management to create a plan to end their homelessness. Homeless youth who are enrolled in TYRC case management, and have identified housing as a goal will be screened for placement in the program. Tumbleweed also operates and maintains a website, quarterly newsletter, Facebook profile and a myspace account. These forms of multi media targeting at a younger generation would also be used to create public awareness.

TYRC will do outreach for this new project by promoting housing opportunities through existing communications to local nonprofit organizations, faith based programming and government services within the Tempe community. Tumbleweed has a presence in many of the agencies that serve the homeless in the Tempe area such as City of Tempe Hope Outreach Team, Tempe Community Action Agency, CEDA Food Bank, Salvation Army, United Methodist Church's Urban Outreach, and HomeBase/ Phoenix Children's Hospital Mobile Medical Van. TYRC also works in collaboration with agencies outside of the Tempe area that serve Tempe residents such as La Mesita Family Shelter, East Valley Men's Center, Health Care for the Homeless, Sojourner Center, Community Bridges, and many more. The Tempe Youth Resource Center also participates in Tempe Homeless Project Connect. This event would be used as an opportunity to

network and collaborate with other nonprofit agencies and private entities to promote the housing program.

Interested parties can request the process to refer a client to the center for screening for housing placement. Staff from the center will be available to attend meetings where potential referring agents can learn about the program, the expectations and the process to involve their clients.

8. Evidence of insurance as specified

Tumbleweed's documentation of insurance has been provided in the appendix as attachment G.

**Tumbleweed Center for Youth Development
Tempe Youth Resource Center's
Budget Proposal
For Homeless Youth Rapid Re-housing Services**

Itemized Service Budget

6 Active Youth Enrolled at any given point in time

Amount Expended

TEMPE YOUTH RESOURCE CENTER START PROGRAM - HPRP

PROVIDER - Tumbleweed Center for Youth Development - Tempe START program

Daily Rate 57.56

Category
Total

33% 9/30/2010 YEAR 1	66% 9/30/2011 YEAR 2	100% 9/30/2012 YEAR 3
----------------------------	----------------------------	-----------------------------

I PERSONNEL COSTS

PERSONNEL COSTS			
TW Acct.	Description	Percentage	Acct. Total
personnel wkst	Staff	16.83%	Total automatically comes from personnel worksheet 146,403.04
personnel wkst	Fringe (%)		Same as above 24,645.03
PERSONNEL TOTAL			171,048.07

\$ 46,900	\$ 48,776	\$ 50,727
\$ 7,895	\$ 8,211	\$ 8,539
\$ 54,795	\$ 56,987	\$ 59,266

II FINANCIAL ASSISTANCE

A. Housing Subsidy

TW Acct.	Description	Amount	Units / Months	Item Total	Acct. Total
6302	Subsidies at 100% for 6 placements, avg. 18 month length of	727.00	213	154,851.00	
				0.00	
				0.00	
				0.00	
				0.00	
	Acct Total				154,851.00
FINANCIAL ASSISTANCE TOTAL					154,851.00

\$ 50,163	\$ 52,344	\$ 52,344
\$ 50,163	\$ 52,344	\$ 52,344

III Services

B. Outreach & Engagement

TW Acct.	Description	Monthly \$	Months	Item Total	Acct. Total
				0.00	
				0.00	
	Acct Total				0.00

C. Counseling Services

TW Acct.	Description	Monthly \$	Units	Item Total	Acct. Total
	1 session per youth per month, 12 youth provided by TCYD	60.00	216	12,960.00	
				0.00	
	Acct Total				12,960.00
SERVICES TOTAL					12,960.00

\$ 4,320	\$ 4,320	\$ 4,320
\$ 4,320	\$ 4,320	\$ 4,320

III Operating Costs

D. Space/Occupancy

TW Acct.	Description	Units	Monthly \$	Months	Item Total	Acct. Total
6303	Office Space	1	546.00	36	19,660.00	
				12	0.00	
	Acct Total					19,660.00

\$ 6,553	\$ 6,553	\$ 6,553
----------	----------	----------

E. Telephone

TW Acct.	Description	Units	Monthly \$	Months	Item Total	Acct. Total
6710	Phone Line Charges & T1	1	55.00	36	1,980.00	
6715	Cellulars	1	40.00	36	1,440.00	
	Acct Total					3,420.00

\$ 1,140	\$ 1,140	\$ 1,140
----------	----------	----------

F. Office Supplies

TW Acct.	Description	Monthly \$	Months	Item Total	Acct. Total
6510	General Supplies	21.00	36.00	760.00	
	Consumables for Case Mgr				
	Acct Total				760.00

\$ 253	\$ 253	\$ 253
--------	--------	--------

G. Postage

TW Acct.	Description	Monthly \$	Months	Item Total	Acct. Total
6511	Regular	2.00	36	70.00	
	Document mailings				
	Acct Total				70.00

\$ 23	\$ 23	\$ 23
-------	-------	-------

H. Employee Hiring Expenses

TW Acct.	Description	Amount	Units	Item Total	Acct. Total
6770	Pre-Employment Testing	60.00	1.20	70.00	
6775	Help Wanted Classifieds		1.20	0.00	
	Case Mgr Hiring				
	Acct Total				70.00

\$ 23	\$ 23	\$ 23
-------	-------	-------

I. Copying & Printing

TW Acct.	Description	Monthly \$	Months	Item Total	Acct. Total
6512	Special Projects & Forms	5.00	36	180.00	
	Printing for outreach				
	Acct Total				180.00

\$ 60	\$ 60	\$ 60
-------	-------	-------

J. Computer Equip. & Supplies

TW Acct.	Description	Amount	Units	Item Total	Acct. Total
6521	Computer Equipment		1	1,100.00	
	1 laptop for Case Mgr				
	Acct Total				1,100.00

\$ 1,100	\$ -	\$ -
----------	------	------

M. Copier Rental

TW Acct.	Description	Monthly \$	Months	Item Total	Acct. Total
6420	Copier	7.00	36	250.00	
	Acct Total				250.00

\$ 83	\$ 83	\$ 83
-------	-------	-------

S. Maint. & Repair - Vehicle

TW Acct.	Description	Monthly \$	Units/Months	Item Total	Acct. Total
6230	Registrations		1	0.00	
6223	Normal Maint. & Repair	10.00	36	360.00	
	Acct Total				360.00

\$ 120	\$ 120	\$ 120
--------	--------	--------

Itemized Service Budget

6 Active Youth Enrolled at any given point in time

Amount Expended

TEMPE YOUTH RESOURCE CENTER START PROGRAM - HPRP

PROVIDER - Tumbleweed Center for Youth Development - Tempe START program

Daily Rate 57.56

Category
Total

33%	66%	100%
9/30/2010	9/30/2011	9/30/2012
YEAR	YEAR	YEAR
1	2	3

T. Vehicle Gas & Oil

TW Acct.	Description	Monthly \$	Months	Item Total	Acct. Total
6220	Gas & Oil	12.00	36	430.00	
	Acct Total				430.00

\$ 143	\$ 143	\$ 143
--------	--------	--------

U. Travel - Mileage

TW Acct.	Description	# Miles/mo.	Rate / ml.	# Months	Item Total	Acct. Total
6201	Mileage	180.00	0.505	36	3,270.00	
	Acct Total					3,270.00

\$ 1,090	\$ 1,090	\$ 1,090
----------	----------	----------

V. Insurance

TW Acct.	Description	Monthly \$	Months/Units	Acct. Total
6810	Gen. & Prof. Liability	8.00	36	290.00
6360	Property	6.00	36	220.00
6221	Automobile/1 vehicles	9.00	36	320.00

\$ 97	\$ 97	\$ 97
\$ 73	\$ 73	\$ 73
\$ 107	\$ 107	\$ 107

W. Professional Fees

TW Acct.	Description	Amount	Months/Units	Acct. Total
6110	Audit Expense	743.00	3	2,230.00
6135	MIS Consulting Fees	50.00	36	1,800.00
6135	IT Fees	75.00	36	2,700.00
6136	Payroll Processing Fees	20.00	36	720.00

\$ 743	\$ 743	\$ 743
\$ 600	\$ 600	\$ 600
\$ 900	\$ 900	\$ 900
\$ 240	\$ 240	\$ 240

X. Membership

TW Acct.	Description	Monthly \$	Months	Acct. Total
6725	Dues and Subscriptions			0.00
6765	Arizona Coalition to End Homelessness			0.00

\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

Y. Other

TW Acct.	Description	Monthly \$	Months	Acct. Total
		0.00	12	0.00

\$ -	\$ -	\$ -
------	------	------

Z. Depreciation

TW Acct.	Description	Monthly \$	Months	Acct. Total
	Depreciation - Building (Straight-line, 30 years)		12	0.00
	Depreciation - Combined	40.00	36	1,440.00
	Depreciation - Equipment		12	0.00
	Depreciation - Vehicle		12	0.00

\$ -	\$ -	\$ -
\$ 480	\$ 480	\$ 480
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

TOTAL OPERATING COSTS

39,290.00

\$ 13,830	\$ 12,730	\$ 12,730
-----------	-----------	-----------

Approved Indirect Cost (%)

0.00

TOTAL ANNUAL BUDGET

378,149.07

\$ 123,108	\$ 126,381	\$ 128,660
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Avg. Daily Rate

\$ 57.56

Avg. Cost Per Youth (6 youth placements, avg 18 month length-of-stay)

\$ 31,512.42

Avg. Monthly Rate

\$ 10,504.14

PROVIDER - Tumbleweed Center for Youth Development - Tempe START program
TEMPE YOUTH RESOURCE CENTER START PROGRAM - HPRP
PERSONNEL / BENEFITS WORKSHEET

6 Beds

Annual Salary
 Incurred to Program
 (Col C * Col G)

PERSONNEL								
Name	Title	FTE's Chg'd to Program	Salary Change Month (Award Yr)	Monthly Salary as of 12/26/08	Monthly Salary after 4%	Annual Budgeted Salary Award Year Ending 02/28/10	ORR Subtotal by Title	Tumbleweed Account No.
a) Administrative								
Jana Smith	Program Manager	0.20	3	3,057	3,180	37,789	7,560	6001
Staff to Client Ratio		3%						
Total FTE		0.20						
b) Facilities								
William Alexander	Facilities Manager	0.01	10	3,125	3,250	37,752	380	6005
Frank McNutt	Maintenance Specialist	0.01	11	2,037	2,118	24,521	250	6005
Staff to Client Ratio		0%						
Total FTE		0.02						
c) Teachers	See Other "Educational/Vocational Services" line item detail budget and narrative							
Staff to Client Ratio		0%						
Total FTE		0.00						
d) Caseworker / Clinician								
Esperanza Popoca	Case Worker 6 hrs per week * 6 placements + 4 hrs staffing/supervision	1.00	7	2,535	2,636	30,922	30,920	6001
					0	0	0	
					0	0	0	
Staff to Client Ratio		17%						
Total FTE		1.00						
e) Youth Care Specialists/Worker								
	Costs not included in this proposal				0	0	0	
					0	0	0	
Staff to Client Ratio		0%						
Total FTE		0.00						
f) Other								
Richard Geasland	Executive Director	0.02	10	6,933	7,211	83,755	1,680	6006
Gail Loose	Program Director	0.03	11	5,052	5,254	60,824	1,820	6006
		0.00			0	0	0	
Ninette Sellar	Training Coordinator	0.02	10	3,018	3,138	36,454	730	6003
Kathy Kelley	Chief Financial Officer	0.02	3	5,303	5,515	65,540	1,310	6006
Patricia Rivera	Staff Acct/Payroll Adm	0.02	10	2,501	2,601	30,214	600	3003
David Veimeris	Staff Acct/Payables	0.06	7	2,253	2,343	27,491	1,650	6003
		0.00			0	0	0	
Staff to Client Ratio		3%						
Total FTE		0.17						
Total		1.39				435,262	46,900	
	Subtotal Onsite Program Staff	1.20					39,110	

FRINGE BENEFITS
Account

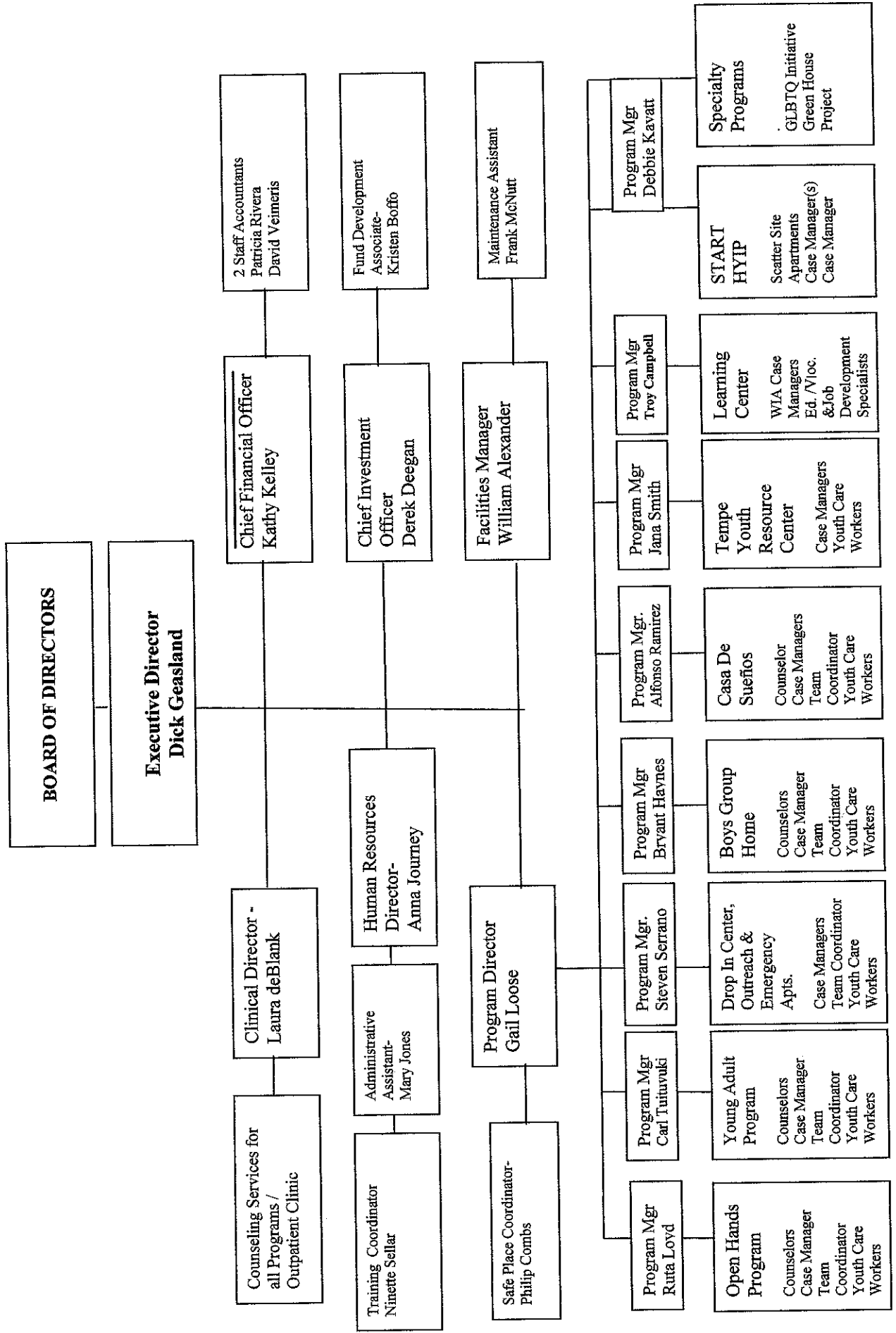
	FORMULA	Amount	TW Acct.
FICA & Medicare	7.65% x Total Salaries	3,590	6009
SUTA	#FTEs * \$7000 base * 1.75%	170	6011
Workers Compensation	Total Salaries * 1.9%	890	6012
Group Health Insurance	Total On-Site Program Salaries * 7.3%	2,854	6013
Dental Insurance	Total On-Site Program Salaries * 0.7%	274	6014
401k matching	Total On-Site Program Salaries * 0.3%	117	6017
Total		7,895	
Fringe Benefit %		16.83%	

		Year 1	Year 2	Year 3	Total Award	
Leasing	\$	50,163	\$ 52,344	\$ 52,344	\$ 154,851	41%
Supportive Services						
Outreach	\$	-	\$ -	\$ -	\$ -	
Case Management	\$	36,125	\$ 37,570	\$ 39,073	\$ 112,768	
Life Skills						
Alcohol and drug abuse services						
Mental health services	\$	4,320	\$ 4,320	\$ 4,320	\$ 12,960	
AIDS related services						
Other healthcare services						
Education						
Housing placement						
Employment assistance						
Childcare						
Transportation						
Legal						
Other healthcare services						
Total Supportive Servi	\$	40,445	\$ 41,890	\$ 43,393	\$ 125,728	
Operating Costs	\$	18,569	\$ 30,647	\$ 31,423	\$ 80,639	
HMIS Activities	\$	2,600	\$ 1,500	\$ 1,500	\$ 5,600	
Administration	\$	11,331	\$ -	\$ -	\$ 11,331	3%
Total	\$	123,108	\$ 126,381	\$ 128,660	\$ 378,149	
Total Fund expenditure by period		33%	66%	100%	100%	

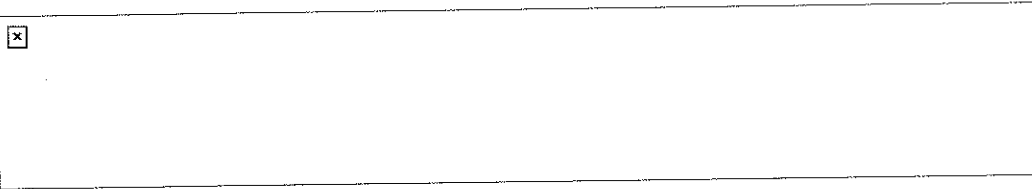
Appendix

Attachment A

TUMBLEWEED CENTER FOR YOUTH DEVELOPMENT ORGANIZATIONAL CHART



Attachment B

**Ansell-Casey Life Skills Assessment (Youth 4)**

Percent of Survey Completed: 23%

Daily Living**1. I plan nutritious meals**☐ Not like me ☐ Somewhat like me ☐ Very much like me**2. I evaluate my diet for nutritional balance**☐ Not like me ☐ Somewhat like me ☐ Very much like me**3. I eat a variety of healthy foods each day**☐ Not like me ☐ Somewhat like me ☐ Very much like me**4. I think about how what I eat impacts my health**☐ Not like me ☐ Somewhat like me ☐ Very much like me**5. I look at calories and fat content on product labels**☐ Not like me ☐ Somewhat like me ☐ Very much like me**6. I eat some vegetables each day**☐ Not like me ☐ Somewhat like me ☐ Very much like me**7. I use a shopping list at the grocery store**☐ Not like me ☐ Somewhat like me ☐ Very much like me**8. I compare prices to get the best value**☐ Not like me ☐ Somewhat like me ☐ Very much like me**9. I clean kitchen equipment after meal preparation**☐ Not like me ☐ Somewhat like me ☐ Very much like me**10. I can make meals using a recipe**☐ Not like me ☐ Somewhat like me ☐ Very much like me**11. I follow the directions on cleaning products**☐ Not like me ☐ Somewhat like me ☐ Very much like me**12. I check clothing-care directions when doing laundry**☐ Not like me ☐ Somewhat like me ☐ Very much like me**13. I use good table manners**☐ Not like me ☐ Somewhat like me ☐ Very much like me**14. I can access the internet**☐ Not like me
☐ Somewhat like me
☐ Very much like me**15. I can set up a free email account**☐ Not like me
☐ Somewhat like me
☐ Very much like me

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Ansell-Casey Life Skills Assessment (Youth 4)

Percent of Survey Completed: 32%

Housing and Money Management**1. I can calculate the costs of car ownership (e.g., registration, maintenance)**

☐ Not like me ☐ Somewhat like me ☐ Very much like me

2. I can describe how to monitor a checking account balance

☐ Not like me ☐ Somewhat like me ☐ Very much like me

3. I can describe how to develop a good credit rating

☐ Not like me ☐ Somewhat like me ☐ Very much like me

4. I can name three disadvantages of purchasing with credit

☐ Not like me ☐ Somewhat like me ☐ Very much like me

5. I know the typical fee charged for ATM transactions

☐ Not like me ☐ Somewhat like me ☐ Very much like me

6. I understand what is covered by liability car insurance

☐ Not like me ☐ Somewhat like me ☐ Very much like me

7. I know where to find tax information on a pay stub

☐ Not like me ☐ Somewhat like me ☐ Very much like me

8. I know how to find out about my credit rating

☐ Not like me ☐ Somewhat like me ☐ Very much like me

9. I can calculate housing start-up costs (e.g., application fee, security deposit)

☐ Not like me ☐ Somewhat like me ☐ Very much like me

10. I know where in my community one can get help for completing tax returns

☐ Not like me ☐ Somewhat like me ☐ Very much like me

11. I know the advantages and disadvantages of buying from "rent-to-own" stores

☐ Not like me ☐ Somewhat like me ☐ Very much like me

12. I know what information is asked for in an apartment rental application

☐ Not like me ☐ Somewhat like me ☐ Very much like me

13. I balance my bank statement regularly

☐ Not like me ☐ Somewhat like me ☐ Very much like me

14. I can use an Automatic Teller Machine (ATM)

☐ Not like me ☐ Somewhat like me ☐ Very much like me

15. I understand the consequences of breaking a lease

☐ Not like me ☐ Somewhat like me ☐ Very much like me

16. I can explain the benefits of having homeowner or renter's insurance

☐ Not like me ☐ Somewhat like me ☐ Very much like me

17. I have completed an income tax form

☐ Not like me ☐ Somewhat like me ☐ Very much like me

18. I plan for the expenses that I must pay each month

☐ Not like me ☐ Somewhat like me ☐ Very much like me

19. I can name two ways to invest money

☐ Not like me ☐ Somewhat like me ☐ Very much like me

20. I can identify two ways to put money into savings

☐ Not like me ☐ Somewhat like me ☐ Very much like me

21. I keep a record when I pay bills

☐ Not like me ☐ Somewhat like me ☐ Very much like me

22. I can complete a money order

☐ Not like me ☐ Somewhat like me ☐ Very much like me

23. I can get to an appointment by myself, even if I have not been to that location before

☐ Not like me ☐ Somewhat like me ☐ Very much like me

24. I can describe two or more ways to search for housing

☐ Not like me ☐ Somewhat like me ☐ Very much like me

25. I know the necessary steps for getting a driver's license

☐ Not like me ☐ Somewhat like me ☐ Very much like me

26. I can compare housing choices based on cleanliness and costs

☐ Not like me ☐ Somewhat like me ☐ Very much like me

27. I have developed a budget

☐ Not like me ☐ Somewhat like me ☐ Very much like me

28. I compute discounts, for example, how much a \$12.90 item would cost after a 15% discount

☐ Not like me ☐ Somewhat like me ☐ Very much like me

29. I know the consequences of driving without insurance in my state

☐ Not like me ☐ Somewhat like me ☐ Very much like me

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Ansell-Casey Life Skills Assessment (Youth 4)

Percent of Survey Completed: 48%

Self-Care**1. I can identify two signs of pregnancy**☐ Not like me ☐ Somewhat like me ☐ Very much like me**2. I can identify two community resources that provide prenatal care**☐ Not like me ☐ Somewhat like me ☐ Very much like me**3. I can identify two ways to avoid peer pressure to use drugs**☐ Not like me ☐ Somewhat like me ☐ Very much like me**4. I can identify three methods of birth control**☐ Not like me ☐ Somewhat like me ☐ Very much like me**5. I can explain ways to protect myself from sexually transmitted diseases (STDs)**☐ Not like me ☐ Somewhat like me ☐ Very much like me**6. I know how to talk to a partner about sexually transmitted diseases (STDs)**☐ Not like me ☐ Somewhat like me ☐ Very much like me**7. I can describe two strategies for responsible drinking**☐ Not like me ☐ Somewhat like me ☐ Very much like me**8. I can explain what to do when a fever doesn't improve**☐ Not like me ☐ Somewhat like me ☐ Very much like me**9. I can resist pressure to have sex**☐ Not like me ☐ Somewhat like me ☐ Very much like me**10. I can explain how hygiene affects one's health**☐ Not like me ☐ Somewhat like me ☐ Very much like me**11. I can explain when it is best to make a doctor's appointment instead of visiting the emergency room**☐ Not like me ☐ Somewhat like me ☐ Very much like me**12. I know how to make a dental appointment**☐ Not like me ☐ Somewhat like me ☐ Very much like me**13. If illegal drugs are offered to me I can refuse them**☐ Not like me ☐ Somewhat like me ☐ Very much like me**14. I treat simple injuries like cuts, bites, stings and splinters**☐ Not like me ☐ Somewhat like me ☐ Very much like me**15. I know where I could go to get help with depression or other emotional problems**☐ Not like me ☐ Somewhat like me ☐ Very much like me

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Attachment C

RAAPS: Rapid Assessment for Adolescent Preventive Services* High School Questionnaire



Name: _____ Sex: _____ Grade: _____ School: _____
Birthdate: _____ Ethnicity: _____ Reg #: _____ Insurance: _____

Health Risk Profile: Confidential

Your answers will only be seen by the health center staff

Office Use Only

Eating/Weight

1. In the past 12 months, have you ever taken diet pills or laxatives, vomited, or used starvation to lose weight? ☐ Yes ☐ No
2. Do you eat some fruits and vegetables every day? ☐ No ☐ Yes

Physical Activity

3. Do you exercise or play hard (eg. running, dancing, basketball, swimming, bicycling, etc.) for at least 30 mins, 3 or more days a week? ☐ No ☐ Yes

Safety/Violence

4. Do you always wear a lap/seat belt when in a car, truck, or van? ☐ No ☐ Yes
5. Has anyone ever abused you physically (hit, slapped, kicked) or emotionally (threatened or made you feel afraid)? ☐ Yes ☐ No
6. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself? ☐ Yes ☐ No

Tobacco

7. Do you ever smoke cigarettes or chew/use smokeless tobacco? ☐ Yes ☐ No

Alcohol

8. Have you ever ridden in a car with a driver who was drunk or using drugs? ☐ Yes ☐ No
9. Have you ever gotten drunk or high on beer, wine coolers, or other alcohol? ☐ Yes ☐ No
10. Do you ever drive after you drink alcohol or use drugs? ☐ Yes ☐ No

Drugs

11. Do you ever smoke marijuana, use other street drugs, steroids, or inhalants? ☐ Yes ☐ No
12. Do you ever use nonprescription drugs (drugs that can be bought at a store) to sleep, stay awake, calm down, or get high? ☐ Yes ☐ No

Development

13. Have you ever had any type of sexual intercourse (sex)? If no, go to #15 ☐ Yes ☐ No
14. If you do have sex, do you always use a method to prevent pregnancy (birth control pills/condoms)? ☐ No ☐ Yes
15. Has anyone ever forced you to have sex or be involved in sexual activities against your will? ☐ Yes ☐ No
16. Do you want to know more about abstinence (saying no to sex) HIV/AIDS, or other sexually transmitted infection? ☐ Yes ☐ No

Emotions

17. During the past month, did you often feel very sad or down as though you had nothing to look forward to? ☐ Yes ☐ No
18. Do you have any serious issues or worries at home or at school? ☐ Yes ☐ No
19. Have you ever seriously thought about killing yourself, made a plan or tried to kill yourself? ☐ Yes ☐ No

Friends/Family

20. Do you have at least one family member or other adult that you can talk with about anything? If yes, who _____ ☐ No ☐ Yes

For Office Use Only

Evaluation: _____ at risk _____ at risk _____ no current risk Referred to: _____
counseled needs f/u

Provider Signature: _____ Date: _____

Name: _____ DOB: _____ Date: _____

HOME:

Where are you currently living: **Street, Shelter, Tumbleweed, TLP, ILP, Friend/s, Parent, Relatives?**

In Placement: Tumbleweed, _____ Did you: **Runaway Leave Willingly Thrown Out CPS Placement?**

How long have you been homeless? _____
Do you need help finding a shelter? **YES NO** _____

EDUCATION:

What was the last grade you completed? _____ What grades do you get? _____ Has this worsened? **YES NO**

Have you dropped out? **YES NO** Were you ever suspended? **YES NO** Why? _____

Do you have your GED? **YES NO** Do you need help with schooling or GED? **YES NO** Referred to _____

How do you get by financially? _____

Are/were you active in school sports? **YES NO** What athletic activities do you do? _____

DRUG USE:

Have you ever: smoked tobacco? **YES NO** drank alcohol? **YES NO** used drugs? **YES NO** used needles? **YES NO**

List below substances you have used, how often, age started, and when you last used.

List below substances you have used, how often, age started, and when you last used.									
Use:	D=Daily	2 or > times a week	Once a week	2 or > times a month	Once a month	Infrequently			
Substance	Used: Y N	How Often	Age Started	Last Used	Substance	Used: Y N	How Often	Age Started	Last Used
Alcohol					Inhalants				
Marijuana					Prescription				
Cocaine					Hallucinogenic				
Heroin					Ecstasy				
Methamphetamine					Ketamine				
Nitro					GHB				
Tobacco					Other				

Do you think drugs are a current problem for you? **YES NO** Do any of your friends drink alcohol or use drugs? **YES NO**

Does anyone in your family have a drug or alcohol problem? **YES NO** Who? _____

Would you like a referral for substance abuse? **YES NO** Referred to _____

SEXUAL HISTORY: Sex by our definition means oral, vaginal, or anal.

Have you had sex in the past? **YES NO** How old were you when you first had sex? _____ Were you forced? **YES NO**

Are you currently having sex? **YES NO** With: **MEN WOMEN BOTH**

Do you: use condoms? **Always Sometimes Never** practice **ORAL, VAGINAL, ANAL** sex?

How many partners in the past year? _____ Have you had sex for food/drugs/money/ or a place to stay? **YES NO**

Are you interested in being tested for: **STI's? YES NO** **HIV? YES NO** **Pre-counseling done by:** _____

DATE LAST TESTED _____ **WHERE** _____ **RESULTS** _____

ABUSE

Have you ever been touched sexually without your consent? **YES NO** What age(s) _____

Who was the perpetrator? _____ Was this reported? **YES NO** Did the police get involved? **YES NO**

Have you ever been raped or forced to have sex? **YES NO** What age(s) _____

Who was the perpetrator? _____ Was this reported? **YES NO** Did the police get involved? **YES NO**

Has anyone ever physically harmed you or beat you? **YES NO** What age(s) _____

Who was the perpetrator? _____ Was this reported? **YES NO** Did the police get involved? **YES NO**

Has anyone ever emotionally or verbally abused you? **YES NO** Who? _____ What age(s) _____

DEPRESSION / MENTAL HEALTH / SUICIDE

Do you feel depressed? **YES NO** What symptoms are you having? _____

Have you ever been diagnosed with a mental illness? **YES NO** What? _____

Have you ever taken meds for depression/ mental illness? **YES NO** What meds? (age) _____

Have you ever hurt or cut yourself intentionally? **YES NO** What age/s? _____ How many times? _____

Have you ever attempted suicide? **YES NO** How many times? _____ What age(s) _____

What method(s) did you use? _____

Are you currently suicidal? **YES NO** If YES: Do you have a plan? **YES NO** How would you do it? _____

Access to method? **YES NO** Patient is currently at risk? **YES NO** Contract made? **YES NO**

Name: _____ DOB: _____ Date: _____

Are you currently in counseling? YES NO With whom? _____
If not, would you like a referral for counseling? YES NO

Do you ever hear voices? (not related to drug use) YES NO What do the voices tell you? _____
Do you ever see things that are not there? (not related to drug use) YES NO What do you see? _____

VIOLENCE:

Have you thought of hurting or killing another person? YES NO When was the last time you felt this way? _____
Who were you so angry with? _____ How would you hurt or kill them? _____

SELF-IMAGE:

Are you satisfied with your current weight? YES NO Do you eat in secret? YES NO Have you ever thrown up, taken
laxatives or starved yourself to control your weight? YES NO Describe symptoms: _____

EMERGENCY ROOM USE:

How many emergency room visits in the past 6 months? _____ For what? _____

SELF CARE:

Do you have at least one friend who you really like and feel you can talk to? YES NO
In the past year, have you carried a gun, knife, club, or other weapon for your protection? YES NO
Have you been in a physical fight during the past 3 months? YES NO
Have you ever been in trouble with the law? YES NO For what? _____
Do you have any questions or concerns about violence or your safety? YES NO
In the past year, have you been exposed to tuberculosis? YES NO
In the past year, have you stayed overnight in a homeless shelter, jail or detention center? YES NO
Have you ever lived in foster care or an institution? YES NO
When was your last vision exam by an optometrist? _____ Are you having problems with your vision? YES NO
Females: Do you examine your breasts for lumps? YES NO How often? _____
Have you had a pelvic exam and Pap screening done? YES NO When? _____ Results? _____
Males only: Do you examine your testicles for lumps? YES NO How often? _____
Do you examine your breasts for lumps? YES NO How often? _____
How often do you brush your teeth? _____ When was your last dental exam? _____
What do you like about yourself? _____
What do you do bests? _____
If you could, what would you change about yourself? _____
What would you change about your life? _____

Interviewer Signature

Date

Provider Signature

Date

SCREENING TEST FOR DEPRESSION IN PRIMARY CARE

BECK DEPRESSION INVENTORY®

PRIMARY CARE
VERSION

The Beck Depression Inventory®—Primary Care Version (BDI®—PC) is a screening device created by Aaron T. Beck, MD, as a guide for assessing the severity of depressive symptoms.

Having a patient fill out the questionnaire can serve as an important communication and diagnostic aid, since patients with depression are often hesitant to disclose their symptoms.¹

Instructions

- Have the patient fill out the inventory by selecting the statement in each group that best describes his/her feelings *in the past 2 weeks, including today*. If several statements within a group seem to apply equally well, instruct the patient to circle the statement with the highest number
- The inventory estimates the overall severity of depression experienced by the patient, according to the categories shown in the table below. It is recommended that the physician tally the score
- A high score alone does not determine that a patient has a depressive disorder but indicates that a more detailed evaluation should be performed. Other aspects of psychological functioning exhibited by the patient should be considered. In addition, a patient with predominantly somatic complaints may be suffering from an undetected medical condition

Interpreting BDI Scores

Raw Score	Range of Severity
0-3	MINIMAL symptoms of depression reported
4-6	MILD symptoms of depression reported
7-9	MODERATE symptoms of depression reported
10-21	SEVERE symptoms of depression reported

It is recommended that the physician review item #6 in particular, as it concerns suicidal thoughts and wishes endorsed by the patient.

Reference: 1. Depression Guideline Panel. *Depression in Primary Care: Volume 1. Detection and Diagnosis*. Clinical Practice Guideline. Rockville, Md: US Dept of Health and Human Services; 1993. AHCPR publication 93-0550.

Aaron T. Beck, MD, is a University Professor Emeritus in the Department of Psychiatry at the University of Pennsylvania School of Medicine and Director of its Psychopathology Research Unit. The recipient of many professional awards for his research in psychiatry, Dr. Beck has authored or coauthored more than 300 articles and 10 books on the diagnosis and management of depression and on cognitive therapy for depression, anxiety, phobias and other disorders.

BDI®—PC

PATIENT
SELF-
EVALUATION

Patient's name: _____

Date: _____

Instructions: This questionnaire consists of seven groups of statements. Read each group of statements carefully, then pick out the **one statement** in each group that best describes the way you have been feeling during the **past 2 weeks, including today**. Circle the number beside the statement you have picked. If several statements in one group seem to apply equally well, choose the statement with the highest number beside it.

<input type="text" value="1"/>	Sadness	I do not feel sad	<input type="text" value="0"/>
		I feel sad much of the time	<input type="text" value="1"/>
		I am sad all the time	<input type="text" value="2"/>
		I am so sad or unhappy that I can't stand it	<input type="text" value="3"/>
<input type="text" value="2"/>	Pessimism	I am not discouraged about my future.....	<input type="text" value="0"/>
		I feel more discouraged about my future than I used to be	<input type="text" value="1"/>
		I do not expect things to work out for me	<input type="text" value="2"/>
		I feel my future is hopeless and will only get worse.....	<input type="text" value="3"/>
<input type="text" value="3"/>	Past Failure	I do not feel like a failure.....	<input type="text" value="0"/>
		I have failed more than I should have	<input type="text" value="1"/>
		As I look back, I see a lot of failures	<input type="text" value="2"/>
		I feel I am a total failure as a person.....	<input type="text" value="3"/>
<input type="text" value="4"/>	Self-Dislike	I feel the same about myself as ever	<input type="text" value="0"/>
		I have lost confidence in myself	<input type="text" value="1"/>
		I am disappointed in myself.....	<input type="text" value="2"/>
		I dislike myself.....	<input type="text" value="3"/>
<input type="text" value="5"/>	Self-Criticalness	I don't criticize or blame myself more than usual.....	<input type="text" value="0"/>
		I am more critical of myself than I used to be.....	<input type="text" value="1"/>
		I criticize myself for all of my faults.....	<input type="text" value="2"/>
		I blame myself for everything bad that happens.....	<input type="text" value="3"/>
<input type="text" value="6"/>	Suicidal Thoughts or Wishes	I don't have any thoughts of killing myself	<input type="text" value="0"/>
		I have thoughts of killing myself, but I would not carry them out.....	<input type="text" value="1"/>
		I would like to kill myself	<input type="text" value="2"/>
		I would kill myself if I had the chance	<input type="text" value="3"/>
<input type="text" value="7"/>	Loss of Interest	I have not lost interest in other people or activities	<input type="text" value="0"/>
		I am less interested in other people or things than before	<input type="text" value="1"/>
		I have lost most of my interest in other people or things.....	<input type="text" value="2"/>
		It's hard to get interested in anything.....	<input type="text" value="3"/>

Total Score:



University of Minnesota Duluth

Student Handbook

Checklist for symptoms of posttraumatic stress:

YES NO

1. ☐ ☐ The person has experienced, witnessed, or confronted an event that threatened serious injury, physical harm, or death.
2. ☐ ☐ The person responds with intense fear, helplessness, or horror.
3. ☐ ☐ The person experiences recurring and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
4. ☐ ☐ The person experiences distressing dreams of the event.
5. ☐ ☐ The person may act or feel as if the traumatic event is reoccurring (a sense of reliving the experience, illusions, hallucinations, flashbacks).
6. ☐ ☐ The person experiences intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
7. ☐ ☐ The person experiences efforts to avoid thoughts, feelings, or conversations associated with the trauma.
8. ☐ ☐ The person experiences efforts to avoid activities, places, or people that arouse recollections of the trauma.
9. ☐ ☐ The person experiences an inability to recall an important aspect of the trauma.
10. ☐ ☐ The person experiences a markedly diminished interest or participation in significant activities.
11. ☐ ☐ The person experiences a feeling of detachment or estrangement from others.
12. ☐ ☐ The person feels unable to have loving feelings, or other strong feelings.
13. ☐ ☐ The person feels a sense of a foreshortened future.
14. ☐ ☐ The person has difficulty falling or staying asleep.
15. ☐ ☐ The person feels usually irritable or has outbursts of anger.
16. ☐ ☐ The person has difficulty concentrating.
17. ☐ ☐ The person feels on guard, distrustful of others.
18. ☐ ☐ The person avoids being touched, and if touched unexpectedly, has strong startle response.

If you are a UMD student and you or someone you know answered "YES" to 2 or more of the above symptoms, or if you have further questions, please call UMD Counseling for further assessment at (218)-726-8155.

This checklist is based on the description of posttraumatic stress disorder found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), copyright 1994, American Psychiatric Association.

<http://www.d.umn.edu/student/loon/soc/health/ptslist.html>

01/10/2001

Attachment D



Self Sufficiency Matrix for Youth and Young Adults

TWMIS ID _____ Client Name _____

	Intake Date	Exit Date	Interim Date
	/ /	/ /	/ /
Domains	Entry Score	Exit Score	Interim Score (6 months)
Shelter/Housing			
Employment (N/A under 16)			
Income (N/A under 16)			
Food (N/A under 16)			
Child Care (N/A if no children)			
Child(ren) Education			
Client Education			
Legal			
Health Care Coverage			
Life Skills			
Mental Health			
Substance Abuse			
Family Relations			
Mobility			
Community Involvement			
*Contact w/ Children			
*Physical health			
*Support Network			
*Energy Assistance			
*Energy Education			
*Energy Efficiency			
Safety (DV, Abused clients only)			
*Parenting Skills			

Scale

1=In Crisis
2=Vulnerable
3=Safe
4=Building Capacity
5=Empowered

Don't Know (unknown)

N/A – Not Applicable

Items in **Bold** are required for all clients

*Optional Domains

SELF-SUFFICIENCY MATRIX

TUMBLEWEED YOUTH CLIENTS

DOMAIN	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>	<u>Level 5</u>
Shelter/ Housing <i>(All Clients)</i>	Homeless or threatened with eviction.	In transitional / temporary or substandard housing. AND/OR rent/ mortgage payment is unaffordable (over 30% of income)	In stable housing that is safe but only marginally adequate.	Living with Family/Friends or on their own but needs subsidy to maintain	Living with Family/Friends or on their own with no further need for support
Employment <i>(N/A Under 16)</i>	No job.	Temporary, part time or seasonal employment; inadequate pay; no benefits.	Employed full time, inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment that provides an adequate income and good benefits.
Income <i>(N/A Under 16)</i>	No income.	Inadequate income and/ or spontaneous/ inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without outside assistance.	Income sufficient, well managed, has discretionary income and able to save.
Food <i>(N/A Under 16)</i>	No food or means to prepare/ store it. Relies to a significant degree on other sources of free or low-cost food.	Household is on Food Stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs, without assistance.	Can choose to purchase any food they desire.
Child Care <i>(N/A if Client has no Children)</i>	Needs child care, but none available/accessible and/or child is not eligible	Child care is unreliable and/or unaffordable; inadequate supervision is a problem for child care that is available.	Affordable subsidized child care is available, but it is limited.	Reliable, affordable childcare is available; no need for subsidy.	Able to select quality child care of choice.
Children's Education <i>(N/A if Client has no school-aged Children)</i>	One or more eligible children not enrolled in school.	One or more eligible children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only SOMETIMES attending classes.	Enrolled in school and attending classes most of the time.	All eligible children enrolled and attending on a regular basis.
Client Education <i>(All Clients)</i>	No high school diploma/ GED and/or literacy is a serious barrier to employment.	Enrolled in literacy or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/ GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems where they are able to function effectively in society.	Has completed additional education/ training needed to increase employability. No literacy problems.
Legal <i>(All Clients)</i>	Current outstanding tickets or warrants.	Current charges/ trial pending, noncompliance with probation/ parole.	Fully compliant with probation / parole terms.	Has successfully completed probation / parole within past 12 months, no new charges filed.	No felony criminal history and/or no active criminal justice involvement in more than 12 months.
Health Care Coverage <i>(All Clients)</i>	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some members may be in poor health.	Some members, e.g., children on AHCCCS, KidsCare or SCHIP	All members can get medical care when needed, but may strain budget.	All household members are covered by affordable, adequate health insurance.

SELF-SUFFICIENCY MATRIX

TUMBLEWEED YOUTH CLIENTS

DOMAIN	Level 1	Level 2	Level 3	Level 4	Level 5
Life Skills (All Clients)	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
Mental Health (All Clients)	Danger to self or others; recurring suicide ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
Substance Abuse (All Clients)	Meets criteria for severe abuse / dependence, resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; pre-occupation with use and/or obtaining drugs / alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social; occupational, emotional, or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months or never abused in the past.
Family Relations (All Clients)	Lack of necessary support from family or friends; abuse (domestic violence, child, substance abuse, etc.) is present AND/OR there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; members do not relate well with one another, and poor relationships create problems. There is potential for abuse (child, domestic violence, substance abuse, etc.) and/or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors. Members are learning to open communication and to provide appropriate mutual support.	Strong support from family/friends. Household members support each other's efforts.	Household has stable composition and a strong, positive sense of identity. Communication is consistently open and respectful. Healthy/expanding support network.
Mobility (All Clients)	No access to transportation (public or private). May have car, but it is inoperable.	Transportation is available, but is unreliable, unpredictable and unaffordable. May have car, but it needs insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient. Drivers are licensed and minimally insured.	Transportation is generally accessible, to meet basic travel needs.	Transportation is readily available and affordable. Car is adequately insured.
Community Involvement (All Clients)	Not applicable due to crisis situation; in "survival mode."	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement; but may have barriers such as transportation problems, difficulty arranging child care.	Actively involved in community.
Safety (DV, Abused Clients Only)	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; on-going safety planning is essential.	Environment is safe, however, future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.

SELF-SUFFICIENCY MATRIX

TUMBLEWEED YOUTH CLIENTS

Parenting Skills (N/A if Client has no children)	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.
Contact with Child(ren)*	No contact with child(ren).	Limited contact with child(ren) and unable to pay child support, if appropriate.	Limited contact with child(ren), partial child support, if appropriate.	Regular contact with child(ren) and increased child support, if appropriate.	Unrestricted contact with child(ren) and paying full child support, if appropriate.
Physical Health*	Needs immediate medical attention; an emergency/critical situation.	An on-going medical need that requires regular treatment and is not currently being managed	An on-going medical need is being treated and managed under the supervision of medical personnel.	Able to identify need for assistance in managing the on-going medical condition.	There are no immediate or on-going medical problems.
Support Network*	Lack of necessary support from family/friends.	Family/friends may be supportive, but lack ability/financial resources to help.	Some support from family/friends.	Strong support from family/friends.	Child(ren) and parents appear happy. Household has healthy support network.
Energy Assistance*	Has a utility cut-off notice or a 2-month outstanding bill, with no resources to pay bill, reconnect fees, etc.	Lacks resources to pay utility bills on an on-going basis.	Needs help during months when bill is higher.	Usually able to pay bill, but experiences occasional emergencies.	Able to pay utility bills on an on-going basis.
Energy Education*	Has not received energy education services.	Clients are unaware of ways to reduce consumption.	Could benefit from additional energy education.	Is knowledgeable about managing energy use.	Practices good energy management.
Energy Efficiency*	Is using energy in a manner that is a health/safety risk.	Energy consumption is very high, and household has not received energy efficiency/education services.	Has received some energy efficiency services but could benefit from additional services.	Has received all cost-effective measures.	All appliances are energy-efficient.

* These are optional domains not required by HUD/DES.

NOTES:

1. Employment:

- Under 16 = N/A
- 16 -- 18 should be scored as an Adult
 - No job = 1
 - Part-time job = 2

2. Income:

- Under 16 = N/A

3. Client Education:

- Is Client enrolled in school or educational/vocational program? NO = 1; YES = 2
- Is literacy a barrier to school or educational/vocational program success or job performance? YES = 1; NO = 2
- Is Client at appropriate grade level for age? NO = 1; YES = 2

Attachment E



Program _____
Month _____
Year _____

Client Satisfaction Survey

Please take a moment to rate your satisfaction by answering the following questions:

- 1. I was made to feel welcome.**
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ N/A
- 2. The staff members are helpful and friendly.**
☐ Yes ☐ No
- 3. My counselor/case, manager was helpful with my issues.**
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ N/A
- 4. I feel like I am making progress with my issues.**
☐ Yes ☐ No
- 5. I am treated with courtesy and respect.**
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ N/A
- 6. I would recommend Tumbleweed to others.**
☐ Yes ☐ No

My favorite thing about Tumbleweed is:

What I didn't like was:

I would have liked more of:

Other comments or suggestions:

If you would like to be contacted by Tumbleweed, please give your name and phone number or e-mail.

Tumbleweed

Center for Youth Development

Grievance Procedure

If for any reason, you have a grievance regarding a staff member and/or a policy/rule or a treatment issue, you may proceed as follows:

- 1- Present the grievance directly to the person involved and try to resolve the problem immediately.
- 2- If you are not satisfy, present the grievance to a Case Manager who will help you negotiate a resolution within 3 working days.
- 3- If you are not satisfied, present the grievance to the Project Coordinator or Project Manager who will help respond within 5 working days.
- 4- If you are not satisfied with the decision/course of action at this level, you will may present your grievance in writing to the Executive Director, who will respond in writing within 7 working days.

My signature signifies that I have read and do understand this grievance procedure.

Client Signature

Date

Case Manager Signature

Date

480-966-2036 or toll free 1-877-966-TYRC
Fax 480-966-2058
www.tumbleweed.org
101 E. 6th Street, Tempe, Az 85281

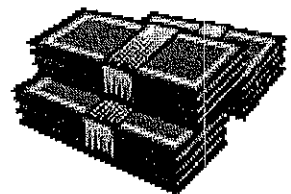
Attachment F

Budgeting

What are the elements of a budget? In other words, what types of things does one have to budget for? Fill in the remaining blanks in the first column with more of these items.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Now let's prepare an imaginary budget for these items. Fill in the second column of blanks with how much you can spend in each category if you made a net of \$1500.00 a month.





Reading a Pay Stub

Answer the following questions about Jonathan Doe's pay stub from *Waist not Want not*.

1. When does the pay period begin? _____
2. When does the pay period end? _____
3. What is Jonathan's net pay? _____
4. What is his gross pay? _____
5. How many hours did he work during this pay period? _____
6. How much in federal income tax has been withheld this pay period? _____
7. How much money has been held out for FICA this year? _____
8. Does Jonathan have any benefits? _____

*Waist not!
Want not!*

PAYROLL ACCOUNT

EMPLOYEE
SSN
PAY PERIOD

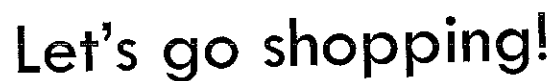
JONATHAN R. DOE
123-45-6789
3/4/99 TO 3/15/99

PAY DATE
CHECK NO.

3/15/99
060432

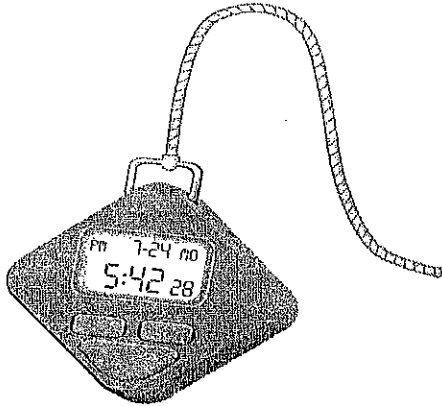
NET PAY \$644.41

EARNINGS			TAXES WITHHELD			OTHER DEDUCTIONS	
Description	Hrs.	Amount	Tax	Current	YTD	Description	Amount
REGULAR	80	800.00	FED INCOME TAX	102.40	307.20	401(K)	35.00
OVERTIME	5	75.00	SOCIAL SEC	54.25	130.20		
			MEDICARE	12.69	30.45		
			STATE INCOME TAX	26.25	63.00		
CURRENT		875.00					
YTD		2100.00					

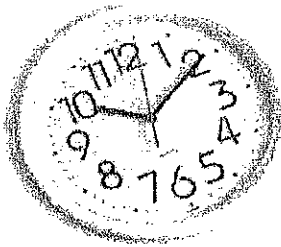


My shopping list:

[illegible]



This timepiece tells time *digitally*. What time does it express? _____



This clock is considered to be *analog*. What time is shown on this clock? _____

How would you express that in military time assuming that it is late in the evening?

See the paycheck stub below and answer the following questions.

*Waist not!
Want not!*

PAYROLL ACCOUNT

EMPLOYEE JONATHAN R. DOE
SSN 123-45-6789
PAY PERIOD 3/4/99 TO 3/15/99

PAY DATE 3/15/99 NET PAY \$644.41
CHECK NO. 060432

EARNINGS			TAXES WITHHELD			OTHER DEDUCTIONS	
Description	Hrs.	Amount	Tax	Current	YTD	Description	Amount
REGULAR	80	800.00	FED INCOME TAX	102.40	307.20	401 (K)	35.00
OVERTIME	5	75.00	SOCIAL SEC	54.25	130.20		
			MEDICARE	12.69	30.45		
			STATE INCOME TAX	26.25	63.00		
CURRENT		875.00					
YTD		2100.00					

[illegible]

Attachment G



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/22/2009

PRODUCER

General Southwest Insurance Agency, Inc.
5628 East Thomas Road
Phoenix, Arizona 85018

Phone: (480)990-1900
Fax: (480)481-9551

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**NAIC #**

INSURER A: Philadelphia Indemnity Insurance Company

18058

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

Tumbleweed Center for Youth
Development, Inc.
1419 North 3rd Street #102
Phoenix, AZ 85004

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	✓	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK327310	7/1/2008	7/1/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	✓	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK327310	7/1/2008	7/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	✓	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB244501	7/1/2008	7/1/2009	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ Per occurrence \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	✓	OTHER Professional Liability	PHPK327310	7/1/2008	7/1/2009	Limit Each Claim 1,000,000 Limit Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Tempe, its agents, representatives, directors, officials, employees and officers are named Additional Insureds. Insurance afforded the Contractor is Primary insurance, and that any insurance coverage carried by the City or its employees shall be excess coverage, and not contributory coverage to that provided by the Contractor.

CERTIFICATE HOLDER

Holder's Nature of Interest : Additional Insured

City of Tempe
Procurement Officer
P.O. Box 5002
Tempe, AZ 85280

CANCELLATION 10 Day Notice For Non-Payment of Premium

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Certificate of Insurance****Certificate Mailed To:****Name of Insured:**

CITY OF TEMPE
PO BOX 5002
TEMPE AZ 85280

TUMBLEWEED
1419 N 3rd St Ste 102
Phoenix AZ 85004

Date Issued: 06/22/2009
Certificate Number: 108
Policy Number: 217693
Origin Date: 10/01/1990
Expiration Date: 10/01/2009
Liability Limits: 500/500/1000
(000 Omitted)

Proof of Coverage

Domiciled Care @ Various AZ Locations

Job Number:**Location:**

It is agreed that waiver of subrogation is effective only as respects to the above Certificate Holder for the project described herein. This agreement shall not operate directly or indirectly to benefit any other person or organization.

Should the above policy be canceled by the SCF ARIZONA before the expiration date thereof, the SCF ARIZONA will endeavor to mail 30 days written notice to the above named Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the SCF ARIZONA.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed hereon. This is to certify a workers' compensation policy has been issued to the insured listed hereon and is in force for the period referenced.

Certificate Issued To:

City of Tempe
PO Box 5002
Tempe AZ 85280

Authorized Representative